)	N. BWRIE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RICER, RD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
DATE	MANENT RICKL	ACTLY. PHYS	assified. Exact sta	
ANGIN MESERVED FOR BINDING	THIS IS A PERM	d be stated EX	y be properly cl.	k of certificate.
THE PERENT	FADING INK	lied. AGE shoul	ms, so that it ma	structions on bac
Tur	LY, WITH UN	e carefully suppl	ATH in plain ter	TION is very important. See instructions on back of certificate.
	WRITE PLA	mation should b	CAUSE OF DE.	TION is very in
	N. B			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05500
1. PLACE OF DEATH	93-2
County Harford	Registration Dist. No.
Village or City Wherlesn	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME M. Withen Cornestrong	
(a) Residence: No. Bel line, land	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH May 23 1925
Male While Single	(Month) (Day) (Yaar)
5a. If marriad, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WiFE of	may 23 1934 to may 23 1934
6. DATE OF STRTH (month, day, and year) File 18-1884	I last saw h sine alive on Trans 23 195 death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 4 20/m.
5/2 \ \ \ 3 \ - 5 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work dona, as SPINNER, Janay and	Musica Mesagaulita
Industry or business in which	Hubert a de la communicación de la communicaci
	- I greatest to the second
Data deceased last worked at May 11. Total time (years) spent in this grant	
year)	Other Coatributory Causes of Importanca:
12. BIRTHPLACE (city or town) Starfus an	,,
(State or country) Maryland	
13. NAME Winfuld D. Curristing	
14. BIRTHPLACE (city or town) Anyford Con	Name of operation Date of
(State or country) Maryland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Laura & arthur	23. If death was due to external causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sarbord Con	Accident, suicide, or homicide? Date of injury19
(Stata or country) Maryland	Whara did injury occur?
17. INFORMANT Mus. Lawra C. Counstrong	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) alenden med	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Bables Circley Date May 26, 1935	Nature of injury
19. UNDERTAKER Semy Jarring Istone.	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) (alundern mo),	If so, specify
20 FUED May 7510 33 - Of Michael	(Signad) Seyle D. M.D.
Registrar.	(Address) Dave le Syrice Mi)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1-week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FARTH V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	OF MARY	LAND-	-CERTIFICATE OF DEATH 05501		
County Starford			Registration Dist. No. 185		
All and the second seco	ede Grace	(1	ND. St., War f death occurred in a hospital or institution, give its NAME instead of street and number) s ds. How long in U.S. if of foreign birth? yrs ds		
1 /	10		syrsmosd		
2. FULL NAME Mus, John	141	ames			
(a) Residence: No. V1093	(Usual place of		St., Ward. If nonresident give city or town and State		
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH		
Final White	5. SINGLE, MARRI OR DIVORCED	ED, WIDOWED, (write the word)	21. DATE OF DEATH May 2 0 th (Month) (Day) (Yeer)		
5e. If merried, widowed, or divorced					
(or) WIFE of John 1.	Barnes		1 HEREBY CERTIFY, Thet I ettended decessed fro		
C DATE OF DIPTU (march 20 de	5 1863			
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months	Deys	If LESS then	to heve occurred on the dete steted above, at \$1300cm.		
71 5	_	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
8. Trade, profession, or particular	0,0	ormin.	were es follows:		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	lit hon	vs,	Jag Line Land March		
≼ 9. Industry or business in which			Maria & De Nouse		
work was done, es SILK MILL, SAW MILL, BANK, etc.			2 1 T		
	11. Total tim	e (yeers) in this	Molayela		
year)	occupa	stion	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town)	aford co				
(State or country)	Maryan				
13. NAME John) 14. BIRTHPLACE (city or town)	· aflered	Ran .			
4 14. BIRTHPLACE (city or town)	1		Name of operation Dete of		
(State of country)	Jacquan	9,	What test confirmed diagnosis? Was there an autopsy?		
16. BIRTHPLACE (city or town)	1 Starely	ul.	23. If death wes due to external ceuses (VIDLENCE) fill in elso the following:		
16. BIRTHPLACE (city or town)	12		Accident, suicide, or homicide? Date of Injury, 19		
(Stete or country)	Maryland	,	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT My John a. allendon (Address) 109 W. Stole sp Have de San Vill			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OKREMOVAL			Manner of injury		
Plece Letter Della	say Dete Mary	-A.J., 1935	Nature of injury		
19. UNDERTAKER Denry J (Address)	aring of	mo	24. Was disease or injury in any way related to accupation of deceased? If so, specify		
20. FILED May 22, 1356A	reles J. Fra	Registrar.	(Signed) (Address) (Address) (Address)		
If m	ore blanks are needed, add	lress State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	3 OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
IS A PERMANEN	stated EXACTL	properly classified.	certificate.
UNFADING INK-THIS	supplied. AGE should be	n terms, so that it may be	is very important. See instructions on back of certificate.
E PLAINLY, WITH	should be carefully a	OF DEATH in plair	s very important. Se

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Harford Ev	Registration Dist. No. 182
Village or City Bul an myl	No. St. Ward
(II Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Esthering Single &	B
D D	Jan.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
france married	(MoAth) (Day) (Year)
5a. If married, widowed, or divosced HUSBAND of	
(or) WIFE of Charles Bode	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Qua 2 1858	I last saw h 22 alive on May 12 ,19 30 death is sale
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 950Pm.
76 9 10 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or perticular	Orterios Clarosis Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Harford Co mul	a verifica a dal
13. NAME Jalin Singer	
14. BIRTHPLACE (city or town)	Name of operation Name Date of
(State or country) Sermany	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cartherne Inheron	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ruchard Both	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Bulling Man	
Place St Mary's Date May 15, 1935	Manner of Injury
X Jugar	Nature of injury
19. UNDERTAKER Dean Tolker (Address)	24. Was diseese or injury in any wey related to occupation of deceased?
Marilla De Maria	If so, specify (Signed) ATT Many M.D.
20. FILED May / 4, 1936 / C Carardson Registrar,	(Address) foll cen mid
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFAIT V S	0.00		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. BWRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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. Eve	ICIA	teme	
ORD	HYS	t sta	
REC	Ь	Exac	
LIN	LY	d.	
ANE	CT	sife	
RM	XA	clas	
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IS	stat	prop	certi
HIS	pe	pe	Jo .
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WRI	atio	AUS	NOI.
B.—	H	0	TION is very important. See instructions on back of certificate.
ż	(7	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05503
1. PLACE OF DEATH	92:0)
county) Lareford	Registration Dist. No.
Village or City alreadess	No. St., Ward
. ~	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Edward & Bros	& fores
(a) Residence: No. Progras Stroot	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINCLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male while married	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of adla Cronin Broofor	22 HEREBY CERTIFY That I attended deceased from 1935, to May 1, 1935
6. DATE OF BIRTH (month, day, and year) Nov. 4 - 185/	I last saw h wie aliva on Mercy 1 , 1936; death is said
7. AGE Years Months Days II LESS than I day,hrs.	to have occurred on the date stated above, at 2.230 Ps.m.
85 0 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as formula:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	Giorna Valvalar
9. Industry or business in which	cuseus y warn
SAW MILL, BANK, etc.	
0. Date deceased last worked at this occupation (month end 900 specific his occupation 11. Total time (years) specific his occupation 15.	
-1	Dthar Contributory Causes of importanca:
12. BIRTHPLACE (city or town) 30 000 000 000 000 000 000 000 000 000	4
13. NAME 1. Thomas Broaford 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
The table of the table	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Nancy Tolly Hall	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Nancy Lolly Hall 16. BIRTHPLACE (city or town).	Accident, suicida, or homicide?Date of injury
(State or country) Marcyland	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT . Ligal Et Stadford (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Ching Son Carrily Date May 3 , 19 25	Nature of injury
19. UNDERTAKER Genry January Long	24. Was disease or injury In any way related to occupation of decaased?
(Address) California med	If so, specify
20. FILE May 2, 19 95 Confession Registrar.	(Signad) M.D. (Addrass) Clerace My
Kegistrar.	" (Noulass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	1
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

county Harford.		Registration Dist. No.		
Village or City A Derdeev	***************************************	ter y the server as making the server		
	(10	Mo. death occurred in a horpital or institution, give ds. How long in U.S. if of foreign I	its NAME instead of street and number)	
			VIII	
2. FULL NAME Robert	12180113	St. Ward. Hayo	It C. T. Wet Un.	
(a) Residence: No.	(Usual place of abode)	St., Ward.	onresident give city or town and State	
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIF	CATE OF DEATH	
Male Repro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	18 th 193 5 (Oey) (Yeer)	
5a. If married, widowed, or divoced HUSBAND of (or) WIFE of	0		RTIFY, That I attended deceased fro	
5. DATE OF BIRTH (month, dey, and yeer)	40.4 11.1683		_, to, 19, 19; deeth is sa	
7. AGE Years Months	Pays If LESS than	to heve occurred on the date steted above, e		
52 3	7 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end rel		
8 Trade profession or perticular		Prowning	Date of onse	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	elist Mary	0		
9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.				
Date deceased last worked at this occupation (month end	11. Total time (years) spant in this			
year)	ocaupation	Other Coutributory Causes of importance:		
12. BFRTHPLACE (city or town) Charle (State or country)	otte, Va.			
13. NAME unknown				
14. BIRTHPLACE (city or town) U. K.	awh	Name of operation	Oate of	
(State or country)		What test confirmed diegnosis?	Was there en eulopsy?	
15. MAIOEN NAME Un Know	<i>h</i>	23. If deeth wes due to externel ceuses (VIOI		
16. BIRTHPLACE (city or town)	- A.W.a.	Accident, suicide, or homicide? Assid		
(State or country)		Where did injury occur? Chesane (Speci Specify whether injury occurred in INDUST	fy city or town, county and State)	
(Address)	From General mil	Specify whether injury occurred in INDUST	NI, III NOME, OF IN PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury Calasized	30at	
Place Loundy Home Coul	9 Dete May 25 , 1935	Neture of Injury Prowhing	***************************************	
19. UNDERTAKER A. Jane	1) Your	24. Was diseese or injury in any way related	to occupation of deceased?	
(Address) Cloucks	if fine	If so, specify	A STA	
11.	1/1/1/10	(Signed) French & Tr	C	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	The state of the s	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1 1921	Run over by street car	1 week ago
Cerebral hemorrhage	PUDEAU V. C	July5,1927	Peritonitis	3 days ago
	C C C C C C C C C C C C C C C C C C C	ر د.		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	ALL CALL COLL			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05505
1. PLACE OF DEATH	(52)
County Prayout	Registration Dist. No.
Village or City Bel Gue - Com	Ward St., Ward
Length of residence in city or town where death occurred3_yrs6mos	death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?
2. FULL NAME Marky W Ca	Eder
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR WORCED (write the word)	21. DATE OF DEATH THEY 17 1935
5a. If merried, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
A	mar 1 ,1935, to may 17 ,1935
6. DATE OF BIRTH (month, day, and year)	Hast saw best elive on may 1, 1935; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above A
81 3 15- 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8 Trade profession or particular	were as follows: Date of gneet
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	Soft Ear-
SAW MILL, BANK, etc	<i>O</i>
this occupation (month end 1932 spent in this 19 occupation year)	
11 0	Other Cuntributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	
13. NAME Western Colder	
14. BIRTHPLACE (city or town) Careford w md	Name of operation
(State of Southly)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Hartey Stade	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Transcription 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or sountry) Hungary Co Jud	Where did injury occur?
17. INFORMANT lames Colder	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place How Bend au Date May 19 19	Nature of injury
89 Vinto 80	
19. UNDERTAKER (Address) Lavrell Swille, hu	24. Was disease or injury in any way related to occupation of deceased?
(Audiess) Colored D'	(Signed) Wellard P. Gudson M. D.
20. FILED May 48, 1935-11 (Vickardson	1100000 11000 3000
Registrar.	(Address) 700 Files

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	of infor-	ld state	CCUPA	INC
M)	item	shou	0 Jo	
	D. Every	SICIANS	statement	
•	RECOR	. PHY	Exact s	
ARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA,	
FOR B	IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
ED	HIS	I be	be 1	o jo
ESERV	INK-T	E should	at it may	s on back
GIN R	FADING	ied. AG	ns, so th	truction
AR	I UNI	lddns	in tern	see ins
	WITH	efully	in plai	int. S
	MLY,	be car	ATH	mporta
	PLAI	plnor	JF DE	very i
V. S. No. 1	RITE	tion sl	USE (Si NC
No. 1	BW	mai	CA	TI
. V	ż	1	9	1

ORPORATION STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	05506
County Harford	Registration Dist. No. 15 5
Village or City Havre do Grace	No. Hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whera death occurredyrsmos.	S. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Senge W. Lamp	bell outside,
(a) Residence: No. (Usual place of abode)	St., Ward. Newlineky If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single Market (word)	21. DATE OF DEATH 1935
5a. If married, widowed, or divorced HUSBAND of	(Mon(th) (Day) (Yaar)
HUSBAND of (or) WIFE of	T. HEREBY CERTIFY, That I attended degreesed from
1852	1900, to 1900, 1900
6. DATE OF BIRTH (month, day, and year)	(last saw h
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
ormin.	were as follows: Date of onset
S. Trade, profession, or particular kind of work dona, as SPINNER, Slowsetrauer SAWYER, BOOKKEPER, etc.	And Eneman
SAWYER, BOOKKEEPER, etc.	Tout hand
work was dona, as SILK MILL, SAW MILL, BANK, atc	
10. Date deceased last worked at this eccupation (month and yaer) occupetion	
1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	Johanna .
13. NAME CUCKUOUS	
14. BIRTHPLACE (city or town)	Neme of operation Dete of Dete of
(State of country)	What test confirmed diagnosis? Where an autopsy? 40
15. MAIDEN NAME CUCLOUM:	23. If death wes due to external causes (VIQLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide decider as of injury april 19 35
(State or country)	Where did Injury occur? Ham Brown Roughord
17. INFORMANT na. James Ross,	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) w. offerede Grace, may	Juduster p 10 1.
18. BURIAL, CREMATION, OR RESTOVAL	Manner of Injury Level Un Pewfore
Placa augel Lill term Data Mere 4 , 1995	Nature of injury 10 rung Remod
19. UNDERTAKER Source tous Jour,	24. Was diseese or injury in any way related to occupation of decaasad?
(Addrass) Ravel de Island, wal,	If so, spacify
20. FILED May +, 1936 Phos. J. Joley. In DRegistrar.	(Signed) M. D. (Address) Lawy or Frace Man
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
L V S	Other contributory causes of importance:	
May 1.1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER	R STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY.

WRITE PLA

7. PHYSICIANS should state Exact statement of OCCUPA-

of infor-

Every item

RD.

-¥	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05507			
UP	1. PLACE OF DEATH	49 19/1			
OCCUP	County Ataryona	Registration Dist. No. 107			
Jo	Village or City Derkley	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
		ds. How long in U.S. If of foreign birth?mosds.			
statement	2. FULL NAME Claner / Car				
ate	(a) Residence: No.	St., Ward.			
	(Usual place of abode)	If nonresident give city or town and State			
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
E E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May /3 , 1935 (Month) (Day) (Year)			
classified	5a. If married, widowed, or diverced				
ssif	(or) WIFE of Q = M, Cann	22. HEREBY CERTIFY, That I attended deceased from			
cla .	m- 191871	1 last sawh ar alive on Thory 1 7 19 36; death is said			
rly	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If CESS than	to have occurred on the date stated above, at 7/15/2m.			
properly certificate.	La // 0// Iday,his.	The PRINCIPAL CAUSE OF DEATH and related causes of importance			
pre	8. Trade, profession, or particular	were as follows: Date of onset			
be	kind of work done, as SPINNER, Jauseume SAWYER, BDDKKEEPER, etc.	Corporate of			
may	Industry or business In which work was done, as SILK MILL	Cerif and 1			
	SAW MILL, BANK, etc. 11. Total time (years)	Colesteres			
that it	O this occupation (month and 1922 spant in this occupation when the spant in the sp	Orimany Carainoma of siterine cernife.			
th	Baltimar	Dither Contributory Causes of importance:			
, so ructi	12. BIRTHPLACE (city or town) (State or country)				
terms, so that instructions	E 13. NAME Jacob, others				
to e	4. BIRTHPLACE (city or town)	Name of operation			
=	(State or country)	What test confirmed diagnosis? Was there an autopsy?			
EATH in pimportant.	15. MAIDEN NAME Comma Saffi	23. If death was due to external causes (VIDL ENCE) fill in also the following:			
H	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19			
DEATH y import	(Slate or country)	Where did injury occur? (Specify city or town, county and State)			
AA	17. INFORMANT (Address) BINALIM MA	Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.			
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury			
SE	Place Dayling of Many 10, 1930.	Nature of injury			
CAUSE TION is	10 HADESTANES AN A BAILEN	24. Was disease or injury in any way related to occupation of deceased?			
C	19. UNDERTAKER (Address) A ling to my	If so, specify			
3	20 FILED MON 14, 1935 MM, M, Kirk	(Signed) (Signed) M. C			
71	Requirer	(Address) +) Cetalette Con			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 31 RFAI V S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

State OCCUP 1. PLACE OF DEATH To should Registration Dist. No. of (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence In city of town where death occurred How long in U.S. if of foraign birth? statement RECORD. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3, SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DEVORCED (write-the word) PERMANENT classified. (Month) BINDING 5a. If married, widowed, or divorced 0 HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of certificate 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Months. Days If LESS than to have occurred on the date stetad above, at_____ FOR stated 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence or min. wara as follows: 8. Trede, profassion, or particular THIS ARGIN RESERVED kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. jo may back Industry or business in which should work was dona, as SILK MILL, SAW MILL, BANK, atc.... UNFADING INKit 00 10. Date deceasad lest worked et 11. Totel tima (years) this occupation (month end spant in this that instructions occupation _ 80 12. BIRTHPLACE (city or town) (State or country) terms, HER 13. NAME FAT plain 14. BIRTHPLACE (city or town) (State or country) carefully What tast confirmed diagnosis?_____ Was there en autopsy?____ MOTHER 15. MAIDEN NAME important 23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicIda? DEATH 16. BIRTHPLACE (city or town (State or country) pe Where did injury occur?___ (Specify city or town, county and State)
Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods OF (Address) 18. BURIAL, CRI -WRITE Menner of injury CAUSE mation LION If so, specify

(Signed) Registrar. (Addras If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

3

(Year)

Data of onsat

(Day)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1 2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

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Exact statement of OCCUPA.

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AGE should be

mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

STATE OF MADVI AND CEDTIFICATE OF DEATH OFFILE

1. PLACE OF DEATH	CERTIFICATE OF DEATH 195993
Man 1	Registration Dist. No. 185
Village or City Halle re, de Grazo,	Nadl. X. D
Tilliago di ditigo	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or sown where death occurredyrsmo	7, //
2. FULL NAME Lucy Davis	Quitade De de De de
(a) Residence: No. (Usual place of abode)	St., Ward. After Allee, Ond. If nonresident give city or lowe and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SET 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Way. 29 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorcad	- (rear)
(or) WIFE of Darold Lavis	22. HEREBY CERTIFY, That I attanded decased from May 28 1935 to May 29 1935
6. DATE OF BIRTH (month, day, and year) Thay 11-1899	I last saw h_ en_ alive on May 29, 1935; daath is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Divs If LESS than 1 day,hrs ormin.	to have occurred on the date stated above, at
36 0 180 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER.	Burno -0 80/0 9 (ale of anset
SAWYER, BUDNNEEPER, etc.	13 de 1 1/28/,
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	/ /55
g 0 10. Oate daceasad last worked at 11. Total fima (years)	
this occupation (month and spent in this year)	
12. BIRTHPLACE (city or town) Jaces Neel	Other Contributory Causes of importance:
(State or country)	fly fly and
13. NAME Charles Jenkins	
13. NAME CHARLES SCURING 14. BIRTHPLACE (city or town)	Name of operation
14. BIRTHPLACE (city or town) Marilland	What test confirmed diagnosis? Was there an autopsy? LO
15. MAIDEN NAME Bessie, Will	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Desce Will 16. BIRTHPLACE (city or town) (Stata or country) Raryland	Accidant, suicide, or homicida? Accident Date of injury May 28, 1935
(State or country) Harryand	Where did injury occur? trome _ aberdeen Hed
	(Specify city or towo, county and State) Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
(Address) Akcacee M. A.	Time .
18. BURIAL, CREMATION, OR REMOVAL.	Manner of injury - Lassling Explosion -
riace. Land and a second a second and a second a second and a second a second and a second and a second and a	Nature of injury - Burus 7 bods
0 19. UNDERTAKENDERSCHAFT TOPST	24. Was disease or injury in any way ralated to occupation of deceased?
(Address) Busty Ma.	If so, spacify ————————————————————————————————————
20. FILEO May 31 135 Charles They mis	(Signed) Frank Walkert, M.D.
Registrar.	(Address) 2-26 H. Ulun Ur. Have to proc
If more blanks are needed, address State Registrati	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis PFCFIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURFAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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N. B.-WRIT

1. PLACE OF DEATH		(3)	00010
County Confirmation County	0.4	Registration Dist. No. /	9
Village or City O Town where deeth occurred		NoSt. death occurred in a hospital or institution, give its NAME instead of street ds. How long In U.S. if of foreign birth?yrs	and number)
2. FULL NAME Lovetta A	Ti Follo) Learning in violating in viol	Invs
(a) Residence: No. (Usual	place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEAT	н
F OR-DIV	MARRIED, WIDOWED, DECED (curite the word)	21. DATE OF DEATH (Month) (Day)	, 193 5 (Year)
(or) WIFE of automode	Foglis:	22. HEREBY CERTIPY That I attend	nded deceesed fr
5. DATE OF BIRTH (month, day, and year)	19-1876		32; deeth is s
AGE Yeers Months Days	If LESS than	to heve occurred on the dete steted above, etm.	self in
5-9-11/1/14	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows?	
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	unork.	Seffections	Date of on
work wes done, as SILK MILL,		Desme Mugher	it i
	otal time (years) spent in this occupetion		
12. BIRTHPLACE (city or town)	۵	Other Contributory Causes of Importence x	
13. NAME MURLINA		Cardrae Vallun	
14. BIRTHPLACE (city or town) (State or country)	annou.	Neme of operation Dete	
1	10111	Whet test confirmed diagnosis? Wes there	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	wounts	23. If deeth wes due to externel causes (VIOLENCE) fill in also the folk Accident, suicide, or homicide? Dete of injury	
17. INFORMANT autorio Dic. (Address) Have de Gr	Foglio med	Where did Injury occur?(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	State) C PLACE.
8. BURIAL, CREMATION, OR REMOVAL PIEC ME. Prince Dete M	ear- 18, 1, 35	Menner of Injury	
9. UNDERTAKER Juning londs (Address) Floure of Great	e net	24. Wes disease or Injury In any wey releted to occupetion of decessed If so, specify	1
10. FILED Thay 9 , 1935 Volence &	Foly Mid	(Signed) harte fr	They M

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance		Other contributory causes of importance:	-	
Gallstones	May 1,1923		1 year	
72				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-	CERTIFICATE OF DEATH 05511
1. PLACE OF DEATH County County	940)
County Paulou	Registration Dist. No. 1
Village or City Ween Chandles	Mano: St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmo	
2. FULL NAME Noward M	Teller
(a) Residence: No. 14. Chewoies	- SINU, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	0/ly, 5
5a. If married, widowad, of divorced	(Month) (Day) (Year)
HUSBAND of Corn Wife of Corn Wi	1 HEREBY CERT NEY, That I attanded daceased from
(2.12 1871	last saw has alive on Day 5 1935 death is sain
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
58 8 1 day,hrs.	
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, Ceture 1 9. Industry or business in which	Mana pectorial copy May 2
work was dona, as SILK MILL.	1925
SAW MILL, BANK, etc	" " tatish : four days.
this occupation (month and spent in this occupation 1	
12. BIRTHPLACE (city or town) Dallewee,	Other Coutributory Causes of importance:
(State or country)	
13. NAME Cate N. Jelley	
13. NAME (atus) 1- Lile 11. 14. BIRTHPLACE (city or town) Carpena City (State or country)	Nama of operation Date of
MI TO THE TOTAL TO	What test confirmed diagnosis? Was there an autopsy? LQ_
Q at	23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicide?
O 16. BIRTHPLACE (city or town) — Additional (Stata or country)	Where did injury occur?
17, INFORMANT Mrs alice M. Gilbert	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) alerden ma	-
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Plade Coor Process Upata 1990	Nature of injury
19. UNDERTAKER D. W. PLAT & Son	24. Was disease or injury In any way related to occupation of deceased? 740
(Address Balle & Moure Dto, Bale, No	If so, specify
20. FILED 3/6 , 1935- G-C Trichal Registrar.	(Signed) (Address) (Mussalla UM
	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example, II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal causes of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis B	3 days ago
			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. PLACE OF DEATH County Cartoid	(0.5) (0.5.5.1.2) (0.5.5.1.2) (0.5.5.1.2) (0.5.5.1.2)
Village or City Edge Ewood	NoSt.,Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Exactword (Desal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (100 fire the word)	21. DATE OF DEATH Way 22 , 193 5 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE	THE AMERICA ALL CAUSES OF SERVING
8. Trede, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cutantal Croup Hay
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Mayblaud (State or country)	Other Contributory Causes of Importance:
13. NAME Wood Houser 14. BIRTHPLACE (city or town) Wary Loud (State or country)	Name of operation Oete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wary 91028 16. BIRTHPLACE (city or town) Vergund (State or country) 17. INFORMANT Word Hausen (Address)	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place fronty Country Date May 24, 1955	Manner of injury
19. UNDERTAKER to would I Mcloma (Address)	24. Wes disease or injury in any way related to occupation of deceased? 16 so, specify
20. FILED May 23, 1955 Fred morlok Registrar.	(Signed) GLUA G JOTH (Address) & LO EUNTO WOL.

CEDTICICATE OF DEATH

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(N	very item of infor-	IANS should state	ment of OCCUPA-	
ARGIN RESERVED FOR BINDING	N. BWINTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	matter should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.	T T	(-	T

V. S. No. 1

1. PLACE OF DEATH	- MARYLAND-	CERTIFICATE OF DEATH	513
County / / a / a	2.d	Registration Dist. No. /8	4
Village or City Thee	<i>f</i> (1)	NoSt.,St.,St.	number)
2. FULL NAME (a) Residence: No.	ua J. D.	farking.	
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	d State
	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	1925
5e. If married, widowed, or divorced	widow	(Mg/fth) (Dey)	(Year)
(or) WIFE of Thomas of	A Stashing	22. HEREBY CERTIFY, Thet ettended	deceased from
6. DATE OF BIRTH (month, dey, end year) 7. AGE Yeers Months	Days If LESS than 1 day,hrs. Ormin.	to heve occurred on the date stated above, at 4m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death is said
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	Retised	Ehronie bronchits	Date of onset
work wes done, as SILK MILL, SAW MILL, BANK, etc	11. Totel time (years) spent in this occupetion		-
12. BIRTHPLACE (city or town) Hay (State or country)	lock Co!	Other Coutributary Causes of importance:	
13. NAME Thomas	Colinson		
13. NAME Thomas 14. BIRTHPLACE (city or town) (State or country)	fond loo!	Name of operation Oete of What test confirmed diagnosis Clumes Proper Westhere an	autopsy 120
15. MAIOEN NAME Bligaber 16. BIRTHPLACE (city or town) Man (State or country)	ford too	23. If death wes due to external causes (VIOLENCE) fill in elso the followin Accident, suicide, or homicide? Date of injury	T
17. INFORMANT Cameron (Address) Liet,	Harling med.	(Specify city or town, county and Sia	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Comony Com.	Date May 6, 19 35	Manner of injury	
19. UNDERTAKER Steller & C. (Address) Delta,	Farking	24. Was disease or injury In any way related to occupation of deceased?	no
20. FILED May 6, 19.8 5 18: 9	1, me nabli-	(Signed) Charle M. Barrens) (Address) SVE B and	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis CEIVEUI	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
3017 5 1859					
Other contributory causes of importance:	10000	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis .	1 year		
	1				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

certificate.

of OCCUPA-

1. PLACE OF DEATH	92:0
County Harford	Registration Dist. No.
Village or City Cherican R. F. D. Length of residence in city or town where death occurred by yrs,	No. St., War If death occurred in a hospital or institution, give its NAME instead of street and number) 18. How long in U.S. if of foraign birth?
(a) Residence: No. Carsin Fran (Usual place of abode)	St, Culd Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("unite the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH // Surphit (Marth) (Bay) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decaasad fro
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than Iday,hrs. Ormin,	to heve occurred on the dete steted above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL.	Insanity Design
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Asarburd Cur (Stata or country) Maryland	Other Contributory Canses at importance. Chiquie Valuulus disease of Green
13. NAME Of Alderh Days 14. BIRTHPLACE (city or town)	
I4. BIRTHPLACE (city or town)	Name of oparetion Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CV&, Catherife Books 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Miss Ither Parks (Address)	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Calvary Cometing Date May 20 71933	- Nature of injury
19. UNDERTAKER Senry Tarrying from (Address) Tarrying from	24. Was disaase or injury in any way ralated to occupation of deceesed?
20. FILED Registrar.	(Addrass) (Addrass)

STATE OF MADVI AND CEDTIFICATE OF DEATH

OFFIL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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t l	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:	1000		
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

	N. BWRIDE PL. KLY, WITH UNFADING INK-THIS IS A PERMANENT R. ORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
	T R.	Y. PE	Exact	
INDING	RMANEN	XACTI	classified.	
FOR B	IS A PE	stated E	properly	certificate
MARGIN RESERVED FOR BINDING	INK-THIS	E should be	t it may be	TION is very important. See instructions on back of certificate.
ARGIN RI	NFADING	plied. AG	erms, so tha	instructions
A TANK	WITE U	refully sup	in plain te	ant. See
	PL, ALY,	ould be can	F DEATH	ery import
V. S. No. 1	-Weige	mation she	CAUSE O.	TION is v
V. S. No.	N. B.	/	4	-

STATE OF	MARYL	AND-	CERTIFIC	ATE	OF	DEAT	H
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4	box	900	a	Jenr
-6.5	13	1		- 1
U	U	5	1	17

1. PLACE OF				82:0)	5510
County	Harford			Registration Dist. No. / 8	ď
Village or C	ity Bush,			No. St	Ward
Length of resi	dence in city or town where	death occurred	2 yrs. mos	f death occurred in a horpital or institution, give its NAME instead of street and s	1 \
2. FULL NAI	ME Emma Hi	ltride	,		
(a) Residen	ce: Np	(Usuai place	of abode)	St., Ward. If nonresident give city or town and	d State
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
female	4. COLOR OR RACE white		RRIED, WIDOWED, D. (write the word)	21. DATE OF DEATH (Month) (Dev)	, 193 5
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced Frank Hilt	rider,		22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	t.22 18	362	1934, to 5-11 1 last saw here alive on 5-11 1935	death is said
7. AGE Yee		Days 11	if LESS than I dey,hrs. ormin.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
kind of w	sion, or particular vork done, as SPINNER, HO BDDKKEEPER, etc.	ouse Wi	fe	Cerebral hemosphage.	Date of onset
	business in which done, as SILK MILL, L, BANK, etc				
10. Date deceased this occupyear)	od last worked at pation (month and	spe	ime (years) ntin this upation		-
12. BIRTHPLACE (cit (State or coun	y or town) Harford	Co.Md.		Other Contributory Causes of importance: Actaurl Scleves	-
13. NAME W	illiam McGar	N,			
14. BIRTHPLACE (State or	(city or town)	yland,		Name of operation	
15. MAIDEN NAM	ME Louise B	oyd,		What test confirmed diagnosis? Cerrical Was there an 23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (Stete or	(city or town) Mary 1	and,		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT	Frank Hilt Abingdon,	rider,		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ie) ACE.
18. BURIAL, CREMATI Place Gr	ove Cemeter	y Date May	14 35	Menner of injury	~~~~~~~~~~
19. UNDERTAKER (Address)	Howard K.Mc Abingdon, Mc			24. Was disease or injury in eny way related to occupation of deceased?	ro
20, FILED ?may	8 ,1935 Fre	d mo	lok Registrar.	(Signed) Led O. Hodons (Address) Edgewood, md.	M. D.
	**	120		7	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 05516

Nash	Registratio	on Dist. No. 18	
No.	V V V	St.,	Ward
leath occurred in a horpital winstitu			
How long in 10, S, it of	or toraign birth?_	4yrs.	mosds.
4/	1	01	70
St., Ward, Val	If nonreside	ent give city or lown an	d State
MEDICAL C	ERTIFICAT	E OF DEATH	
21. DATE OF DEATH	Mari	03ho	193.5
	(Month)	(Day)	(Yeer)
22. I HEREBY	CERTI	FY. That I attende	d daceased from
101 000	, 19 31 , to_	May 3	,1935
I last saw h Andaliva on _!	may.	3 ,193	; death is said
to have occurred on the date state	ed above, at3	- Cem.	
The PRINCIPAL CAUSE OF DEAT	TH and related ca	suses of Importance	
between	-/20	Cross	Date of onset
106-1-			
Office		173	2
Drag tree	carry a	None !	107
- Leeste	frage	and of	0-00
lirom	L. Chris	phresho a	frac
Other Contributory Causes of impo	ortance:		
11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		4	
1 4 m July	auc	necesso	nea
Jandra	-Va	clerc:	
Name of oparation		Date ot	
What test confirmed diegnosis?		Was there ar	autopsy?
23. If death was due to axternal car	uses (VIOLENCE)	fill in also the followi	ng:
Accident, suicide, or homicide?		Date of Injury	, 19
Whera did Injury occur?			
Specity whether injury occurred i	(Specify city n INDUSTRY, in	or lown, county and St HOME, or in PUBLIC P	ate) LACE.
Manner ot injury			
Nature of Injury			
24. Was disease or injury in eny w	vey related to occ	supation of deceased?	
If so, specify	2	7	
(Signed) Lac	ratare.	1 tally	
(Addrass) 4	ands	es la le	anere de l'art

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

20. FILED MAL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example	e I	1	Example II	
The principal cause of death and of importance were as follows:	d related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	URFOR	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of im-	nortance:	1 3 E 1	Other contributory causes of importance:	
Gallstones		May 1,1923		1 year

BINDING	
FOR	
RESERVED	
ARGIN	

STATE OF MARYLAND—CERTIFICATE OF DEATH inforstate OCCUPA-1. PLACE OF DEATH item of pluods Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Every How long in U.S. if of foreign birth?_____yrs.____ statement CORD. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT Widow stated EXACTL (Day) (Yaar) classified. 5a. If married, widowad, or divorcad HUSBAND of FY. That i attended decassad from certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months If LESS than Days I day, ____hrs The PRINCIPAL CAUSE OF DEATH and ralated causes of importance or min. Date of onset 8. Trada, profession, or particular PATION kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc. .. plnods back may Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Totel tima (yeers) uo AGE this occupation (month and spant in this that occupation_ instructions 08 12. BIRTHPLACE (city or town (State or country) supplied. plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town (State or country) should be carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill In also the following: Accidant, suicida, or homicide?_____ DEATH 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur? (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. very 17. INFORMANT OF (Address) 18. BURIAL, CREMATION. Mannar of Injur 13 CAUSE mation Nature of injury LION 24. Was disaasa or injury 19. UNDERTAKER (Address) If so, specify (Signad) Registrar. (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PRINCE AU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)	WRATE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	IENT RECORI	TLY. PHYS	ied. Exact st	
THE THE PROPERTY AND LOSS PRINTED IN	IS A PERMAN	stated EXAC	properly classif	ertificate.
THE A	-THIS	uld be	lay be I	ack of c
TACCAT	ING INK-	AGE sho	o that it n	tions on b
The state of	'H UNFAD	y supplied.	ain terms, s	TION is very important. See instructions on back of certificate.
	INLY, WIT	be carefull	EATH in pl	important.
(,	WE PLA	plnoys uo	ISE OF DI	N is very
1	7	mati	CAL	TIO

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00018
1. PLACE OF DEATH	92-20
County Harford	Registration Dist. No. 16
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20 yrs mos	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Mr. Carrel J. Aughes	
(a) Residence: No. Bel an Bred (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Whate Manuel	21. DATE OF DEATH May 8 193 (Year)
5a. If married, widowad, or divorced	
HUSBAND OF Mrs. G. Verdie Greenland	22. May 5 ,1935, to Judy 8 ,1935
6. DATE OF BIRTH (month, day, and year) and 128th 1872	I last saw hereelive on Mary 8 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.30 A-m.
62 8 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER 70 1 5	Epiorgie Valvulae Mileuse
kind of work done, as SPINNER, U.S. Louismay Lydron SAWYER, BOOKKEEPER, atc. Nadustry or business in which work was done as SII K MILL	of Weart -
Andustry or business in which work was done, as SILK MILL, Clerk in Stow house	
Date deceased last worked at Gane 11. Total time (years)	
this occupation (month and 1935-2 spent in this 17-3/2	
12. BIRTHPLACE (city or town) Asartond Com	Other Contributory Gauses of Importance:
(Stete or country) Maryland	- Company and the second
13. NAME James T. Bughsh	
13. NAME (Ames) Sughts 14. BIRTHPLACE (city or town) Harford Company	Name of operation Date of
(State or country) Marshand	What test confirmed diegnosis? Wes there an au'opsy?
15. MAIDEN NAME Mary Gilbert	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Silvery 16. BIRTHPLACE (city or town) Harford Co.	Accident, suicide, or homicide? Date of Injury19
E (Stata or country) Marchand	Where did injury occur?
17. INFORMANT MAS G. Verdie Sugars. (Address) Catingues Mrs. N. T.S.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Bakers Cemeling Date May 11 5,1935	Natura of injury
19. UNDERTAKER Menry Jahring Ang	24. Was disease or injury in any way releted to occupation of deceased? NO
20. FILED May 9 1935 CE Whethail Registrar.	(Signed) Vers of Mills M. D. (Address) Cherley Wo,
TC L. L. L. L. L. C. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Seel 8 NUL	OR FURTH	ER STATEMENTS BY PHYSICIAN	

state JPA.	STATE OF MARYLAND-	CERTIFICATE OF DEATH 05519
	1. PLACE OF DEATH	940
	County Harfard Con	Registration Dist. No.
8.2	Village or City The montan Church.	NoSt.,Wa
		death occurred in a horpital or institution, give its NAME instead of street and number)
Every CIANS tement	0 0 0 0	ds. How long in U.S. if of foreign birth?yrsmos
RD. Every YSICIANS	2. FULL NAME Salvel Jackson	Nelf.
PHYSI et stat	(a) Residence: No. Selawa (Usual place of abode)	St., Ward. If nonresident give city or town and State
PHY per st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECO 7. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
TX	on Divorced (write the word)	may 4 1935
E T I E	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDING PERMANEN EXACT y classified te.	HUSBAND of Mellie Kell	22. I HEREBY CERTIFY, That I attended dacease in
BEN ER	6. DATE OF BIRTH (month, day, and year) 2 1/6-1903	I last saw h aliva on 19 death is si
	72 AGE Years Months Days If LESS than	to have occurred on the date stated above, at LOHM.
FOR IS A I stated properl	3/ 6 /8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 70	8. Trada, profession, or particular kind of work done, as SPINNER,	Date of one
ED HIS	SAWYER, BOOKKEEPER, etc.	Chagina Piolorio
RV K—T could may back	9. Industry or business in which work was dona, es SILK MILL,	
RESERVED G INK—THIS GE should be that it may be ms on back of	SAW MILL, BANK, etc	
RES VG II AGE that	this occupation (month and spent in this occupation	
Z	12. BIRTHPLACE (city or town) Aufand Co	Other Contributory Causes of importance:
GIN'ADI	(State or country)	
UNF UNF suppli n term ee insi	13. NAME Colevand Kell	
	14. BIRTHPLACE (city or town). Harford Ear	Neme of operation Date of
- 10	(Stele of County)	Whet tast confirmed diegnosis? Leplay Wes there an autopsy?
WIT efull, in pl	15. MAIDEN NAME Josephine Hill 16. BIRTHPLACE (city or town) Haufordlev (State or country)	23. If death wes due to external causes (VIOLENCE) fill In also the following:
£	5 16. BIRTHPLACE (city or town) Harforder	Accident, suicide, or homicide?
AINLY, W) d be carefu DEATH in j	(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
A D Q	17. INFORMANT Miss Melle Rell (Address) (Address)	Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
F=1 100	18. BURIAL, CREMATION, OR SEMOVAL	Manner of Injury Charles I be and I
ITE on s SE N is	Placa Clarkes Chofel Date May 7, 1935	Natura of Injury
MAITH mation of CAUSE TION is	10 HADERTAKER DOGGE TI JOSE	24. Was disease or injury in any wey related to occupetion of deceased?
LIJEOH	19. UNDERTAKER Seamy Golden (Address) Bel an Ina	If so, specify
is is	may 7 35-ME Richardson	(Signed) Chas. Mehanden

(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended daceard from 19 to 19 35 I last saw h aliva on 19 to 19 35 I last saw h aliva on 19 to 19 35 I last saw h aliva on 19 to 19	940	1500
St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That attended daceased from 19 to death is said to have occurred on the date stated above, at least of onest were as follows: Date of operation. Other Ceatributery Causes of importance: Neme of operation. Date of 19 to death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury. Date of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury. Matura of Injury. Natura of Injury. Accident, Suicides of injury in any wey related to occupetion of deceased? Manner of Injury. Matura of Injury. Manner of Injury. Manne	Registration Dist. No.	182
If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (1935 (Year) 22. I HEREBY CERTIFY, That attended daceard from 19 to 19 35 (Year) 11 last saw h aliva on 19 to 19 35 (death is said to have occurred on the date stated above, at 19 19 35 (death is said to have occurred on the date stated above, at 19 19 35 (death is said to have occurred on the date stated above, at 19 19 19 35 (death is said to have occurred on the date stated above, at 19 19 19 19 19 19 19 19 19 19 19 19 19	leath occurred in a hospital or institution, give its NAME instead of stre	eet and number)
If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (1935 (Year) 22. I HEREBY CERTIFY, That attended daceard from 19 to 19 35 (Year) 11 last saw h aliva on 19 to 19 35 (death is said to have occurred on the date stated above, at 19 19 35 (death is said to have occurred on the date stated above, at 19 19 35 (death is said to have occurred on the date stated above, at 19 19 19 35 (death is said to have occurred on the date stated above, at 19 19 19 19 19 19 19 19 19 19 19 19 19	Telf	
If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (1935 (Year) 22. I HEREBY CERTIFY, That attended daceard from 19 to 19 35 (Year) 11 last saw h aliva on 19 to 19 35 (death is said to have occurred on the date stated above, at 19 19 35 (death is said to have occurred on the date stated above, at 19 19 35 (death is said to have occurred on the date stated above, at 19 19 19 35 (death is said to have occurred on the date stated above, at 19 19 19 19 19 19 19 19 19 19 19 19 19	St. Ward	
21. DATE OF DEATH (Month) (Day) (Day) (Day) (Day) (Year) 22. I HEREBY CERTIFY, That J attended daceard from 19 to	If nonresident give city or to	wn and State
(Month) (Day) (Year) 22. I HEREBY CERTIFY, That attended dacears from 19. 19.35 I last saw h. 19. 19. 35 I last saw h. 19. 19. 19. 35 I last saw h. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	MEDICAL CERTIFICATE OF DEA	TH
22. I HEREBY CERTIFY, That attended daceard from 19. 19. 3.5 I last saw h 19. 3.5 I death is said to have occurred on the date stated above, at 10. 4 Mm. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Other Contributory Causes of importance: Neme of operation. Date of Whet tast confirmed diegnosis? West hera an autopsy? No 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Data of injury, 19. Where did Injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDISTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Natura of Injury Natura of Injury Authority of deceased? Manner of Injury Natura of Injury Manner of Injury Natura of Injury Manner of Injury Manner of Injury Manner of Injury Natura of Injury Manner of Injury	21. DATE OF DEATH	
I last saw h	(Month) (Day)	, 193 5 (Year)
I last saw h	22. I HEREBY CERTIFY, That 7] at	ttended daceaged from
to hava occurred on the date stated above, at	, 19, to	19 4 19.35
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset Other Contributory Causes of importance: Neme of operation	I last saw h aliva on	9; death is sald
Date of onset Other Contributory Causes of importance: Neme of operation		
Other Contributory Causes of importance: Neme of operation	The PRINCIPAL CAUSE OF DEATH and related causes of Important were as follows:	1
Other Centributery Causes of importance: Neme of operation		Date of onset
Other Contributory Causes of importance: Neme of operation	Chama Piolory	
Neme of operation		
Neme of operation	· · · · · · · · · · · · · · · · · · ·	
Neme of operation		
Neme of operation Whet tast confirmed diegnosis? 23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Where did Injury occur? Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Natura of Injury 24. Was disease or injury in any wey related to occupetion of deceased? If so, specify (Signed) M. D.	Other Contributory Causes of importance:	
Whet tast confirmed diegnosis? Wes thera an autopsy? 23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Data of injury , 19 Where did Injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Matura of Injury in any wey related to occupetion of deceased? VO If so, specify M. D.		
Whet tast confirmed diegnosis? Wes thera an autopsy? 23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Data of injury , 19 Where did Injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Matura of Injury in any wey related to occupetion of deceased? VO If so, specify M. D.		
Whet tast confirmed diegnosis? Wes thera an autopsy? 23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Data of injury , 19 Where did Injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Matura of Injury in any wey related to occupetion of deceased? VO If so, specify M. D.		
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23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?		
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Manner of Injury Natura of Injury 24. Was disease or injury in any wey related to occupetion of deceased? (Signed) M. D.	(Specify city or town country	
24. Was disease or injury in any wey related to occupetion of deceased? If so, specify (Signed) M. D.	Specify whatner injury occurred in INDUSTRY, In HOME, or in PUBL	LIC PLACE.
24. Was disease or injury in any wey related to occupetion of deceased? If so, specify (Signed). M. D.	Oken Trake	1
24. Was disease or injury in any wey related to occupetion of deceased? No If so, specify (Signed) M. D.		1
(Signed) Chas. Restandan M.D.	Natura of Injury	1/2
(Signed) Chas. Rightendam M.D.		ed?
120011-124-1	allena Provent	-/
(1001000)	12004-120	e)
N. Charles Street Relimons Program 71 C M.		

If more blanks are needed, address State Registrar, 24xx N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1915	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
	Attack of epilepsy	1 annals ann
1001		1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		Other contributory causes of importance:

V. S. No. 1

1. PLACE OF DEATH	181
County After 173	Registration Dist. No. 12 1
Village or City William	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?
2. FULL NAME Mrs. Granice V. Ken	redy
(a) Residence: No. Edward	A., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR. RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH 24
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. HEREBY CERTIFY, That attended deceased from
My James B. Kennedy	may 24 , 1935, to Sume, 19
6. DATE OF BIRTH (month, bay, and year) Bur a - 187	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
6030) 76 -13 1 day,hi	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Ingma Jelous
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
1) 10 Date decared last worked at MACA 11 Total time (years)	
this occupation (month and 1975 spent in this Lycals)	<u></u>
12. BIRTHPLACE (city or town) Andred Go :	Other Contributory Canses of Importance:
(State or country) Manfand	
13. NAME William S. Loplin	
14. BIRTHPLACE (city or town) . Mayord Cr.	Name of operation Date of
(State or country), marsford	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sofshia Is Johns	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Day Comments	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mar Carries D. Kennely	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) alleden my	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dahoris Consuly Date May 5/, 19-3	Nature of injury
19. UNDERTAKER Henry Janing Isons	24. Was disease or injury in any way related to occupation of deceased?
(Address) Alkertion mix	If so, specify
20. FILED May 25,1935 - Mehal	(Signed)
Registrar.	(Address) Affine M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the doceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	III III III II II II II II II II II II	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	I BIRDEGUV. S.	July 5,1927	Peritonitis	3 days ago
		-		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

00

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05521
1. PLACE OF DEATH	(31)
County Harford	Registration Dist. No. 185
Village or City Havre de Grace	No. Hospital St., Ward
Length of residence in city or town where death occurred 22 yrs — mos	death occurred in a horpital of institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?mosds.
May 60. 1+1.	Jan 5
2. FULL NAME TOUS OUZAFULL O	Lev U
(a) Residence: No. / O B Mar (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Tempel	21. DATE OF DEATH 7/1 ay 9 193 5
5a. If merriad, widowad, ordivorcad HUSBAND of	(Month) (Day) (Yeer)
(or) WIFE of James B. Lear	22. THEREBY CERTLEY Thet I attended deceased from
0 15.005	, 1935 , to 7 , 1935
6. DATE OF BIRTH (month, day, end year) (Lug, 1), 1883 7. AGE Yeers Months Days If LESS then	to heve occurred on the dete steted above, at 10 30 Pm.
49 9 1 day, 1 da	to heve occurred on the dete steted above, at
- 8. Trede, profession, or particular	were as follows:
SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work west done as SIIK MILL	(Out al Hemorkey)
9. Industry or business in which work wes done, es SILK MILL,	
SAW MILL, BANK, etc	Chronic ne shretis a Direction: Unknown.
O 10. Date deceased lest worked at this occupation (month and May 1935 spant in this yeer) occupation 20 yrs	Civita
m. Timbers	Other Cantibutory Causes of Importance:
(State or country)	2 Hay revenue
	The true to higher
13. NAME John 6. Oliver 14. BRIHTLACE (city or town) CS: Ta:	Nema of oparetion. And Deta of
(Stete or country)	What test confirmed diagnosis Was there en autopsy?
15. MAIDEN NAME da M. Sackman	23. If deeth was dua to external causas (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Sackman 16. BIRTHPLACE (city or town) JA UA	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT James 78. Lear (Address) 706 S. War beet St.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece angul 1 tell Date May 12,33	Nature of injury
19. UNDERTAKER Madron Matchel	Wes disease or injury in eny wey related to occupetion of deceased?
m - le Mata ac	The Allege

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Kegistrar.

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Example		1	Example II	
e principal cause of death and a mportance were as follows:	elated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
eriosclerosis		1915	Attack of epilepsy	1 week ago
onic interstitial nephritis		1921	Run over by street car	1 week ago
ebral hemorrhage	RECE	July 5, 1927	Peritonitis	3 days ago
er contributory causes of impo	rtance:	\$830	Other contributory causes of importance:	
lstones	BUREA	May 1,1923	Gastroenteritis	1 year
	rtance:	May 1,1923		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	U5522
County Harford;	Registration Dist. No. 185
Village or City Lave de Grace,	No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence In city or town where death occurred	s
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE Terrale 4. COLOR OR RACE OR-DIYORCED (write the word) There is a second of the color of	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Niceny waltesta,	22. I HEREBY CERTIFY. That I attended decaasad fi
6. DATE OF BIRTH (month, day, and year) Qee. 10-1879;	Hast saw h 32 alive on 2007, 19. 34 , death is
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
J J 6 16 ormin.	ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc	1
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which	Musto Anyocardeles
work was done, as STLK MILL, SAW MILL, BANK, atc	
11. Total tima (years)	Chule Methoniles
this occupation (month and spent In this occupation	- The fills
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Santa Ceoupredi	- municipal and management of the second
0.00	
(State or country)	Nama of oparation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME / CLESS DECENTION	23. If death was due to external causes (VIOLENCE) fillin also the following:
15. MAIDEN NAME / L'ESA Murdelli 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT James Leandrae, (Addrass) Jame de Grale Ma	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mi Crentelle Date May 31, 19 33	Nature of Injury
19. UNDERTAKER June ton Sond	24. Was disease or injury in any way related to occupation of decaased?
20, FILED News 30 1335 Slavera & Talen Sal S	(Signed) Lucilos & total & N

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
2 1932		· 4	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

tor suthousation brehange skelling see letter filed under

V. S. No.

state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH 05523
_	1. PLACE OF DEATH	207-m
should occ	County Harfard	Registration Dist: No. 185
sho of (Village or City Nauge al Braces	ND. Warfsiles St., Ward
0	Length of residence in city onlows where death occurredyrs	death occurred in a horpital or institution, give its NAME instead of street and number) 7. Adds o How long in U.S. If of foralgn birth?
Nen nen	2. FULL NAME Charles The La	
YSICIANS	(a) Residence: No. Street, Md.	St Ward.
	(d) Residence. No. (Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. Ex	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May
r L ed.	5a. If married, widowad, or divorced	(Month) (Day) (Year)
ACT	HUSBAND of (or) WHEE of	22. I HEREBY CERTIFY, That I attended daceased from
X A class	a surely nor aim	my 14 , 1935 , to 1934 , 1934
	6. DATE OF BIRTH (month, day, and year)	I last saw have alive on the thing the last said
per life	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at Acceptance m.
stated E properly certificate.	44 3 12 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
be i	8. Trada, profession, or particular kind of work done, as SPINNER,	Died from Injuries received
	SAWYER, BOOKKEEPER, etc.	from falling timber striking
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	him on the head
	10. Date decaased last worked at this occupation (month and spent in this	
AGE that ions o	year) occupation	Dther Contributory Causes of importanca:
so	12. BIRTHPLACE (city or town) Carling Land	
oplied. AGE erms, so that instructions	(State or country)	
supplied n terms, ee instru	E 13. NAME Valley Tighters	
sup in te See	14. BIRTHPLACE (city or town) / Maryland (State or country)	Name of operation
efully supplied in plain terms, ant. See instru	15. MAIDEN NAME Nellie The dawn	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
	T O DIDYURIA OF ALL TO THE TOTAL OF THE TOTA	23. If death was due to external causas (VIDLENCE) fill in also the following: Accident, suicide, or homicide? ACCIdent Date of injury May 14, 1935
hould be car OF DEATH very import	[State or country]	
be EA im	17. INFORMANT Olivia ne Lafe	Where did injury occur? Calvary Harford Id Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
should OF D	(Address) Dailington, Ind.	Industry
100	18. BURIAL, CREMATION, DR REMOVAL	Mannar of Injury Answered above
	Place Date Date 1935	Nature of Injury Fladewild Atull '
CAUS	19. UNDERTAKER 2. J. Bailey	24. Was disease or injury In any way related to occupation of deceased?
	(Address) Darlingtofn, Md.	If so, specify hile labor at Quarty
(T)	20. FILED Marg 15 , 135 Charles & Jalup mo	(Signed) Lawrence Corner N.D.
	// Kegistrar.	(Address) flowed de grant, mil
	aj more vianks are needed, address State Registrar,	2411 N. Abarles Street, Baltimore, Requesting V. Sono. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
THIS IS A PERMAN	be stated EXAC	y be properly classic	k of certificate.
TITH UNFADING INK-T	ully supplied. AGE should	plain terms, so that it may	TION is very important. See instructions on back of certificate.
WRITE PLAINLY, W.	mation should be carefu	CAUSE OF DEATH in	TION is very important

	-CERTIFICATE OF DEATH
1. PLACE OF DEATH County Hardond	Registration Dist. No. 185
Village or City Dave de Lace.	No. St., Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME mildred I mitch	200
(a) Residence: No. Back back (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word warring of	1) / May 3/ 1933
a. If married, widowed, or divorced HUSBAND (or) WIFE of	22. 1 HEREBY CERTIFY That I attended deceased from
DATE OF BIRTH (month, day, and year)	1 1 1 1 1 1 1 1 1 1
. AGE Years Months Days If LESS tha	The state of the s
30 7 12 . 1day,	THE PRINCIPAL CAUSE OF DEATH CHU related causes of himbotratice
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 dispurturany
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chronic Mayor cox detro; Duration
10. Date deceased last worked at this occupation (month and year)	for years, cuto
2. BIRTHPLACE (city or town) Meuliaven.	Other Contributory Causes of importance:
13. NAME Planes Pling. 14. BIRTHPLACE (city or town)	- andrae Tarluer
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Connection,	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Took Sunderson	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur? (Specify city or town, county and State)
7. INFORMANT Mallian & Mitchell (Address) Luce de Grace, mit	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Programme Annual P	Manner of Injury
9. UNDERTAKER Zeming Londson	24. Was disease or injury In any way related to occupation of deceased?
10 FILED June 2 1935 Clarke I Jacque M.	Signed) hand follows.
Registra.	r. (Address) Jane Color Care Land

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927		3 days ago
JUN 5 19	×		
Other contributory causes of importance:	e ² -	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING

FOR

ARGIN RESERVED

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Example I	FINES	3 11 11	Example II	
The principal cause of death and r of importance were as follows:	elated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	3 21153	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage BUKI		July 5,1927	Peritonitis	3 days ago
Other contributory causes of impor	tance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

	OF MARYLAND-	-CERTIFICATE OF DEATH	05526
ACE OF DEATH	/	1248	1000
			182
lage or City			St., Ward
igth of rasidence in city or rown when			
LI NAME John	1 (ment		
1 A	ting Med	St Ward	
nosidence 230.	(Usual place of abode)	If nonresident give city or tov	vn and State
		MEDICAL CERTIFICATE OF DEA	TH
ale While	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH None (Month) (Day)	, 193 (Year)
ANO of	0	22 I HEDERY CERTIES That that the	anded decreed from
AIFE of			A.
F BIRTH (month, day, and year)	Jan. 6, 1873		9.3.1.; death is said
Years Months	Days If LESS then	to have occurred on tha data statad above, at 1-30 m.	٥.
02 4	24 1 day,hr	The PRINCIPAL CAUSE OF DEATH and ralatad causas of importanc wera es follows:	Date of onset
ade, profession, or particular	00-		Date of onset
	Laterus	Unophe Uniosis	
work was done, as SILK MILL, SAW MILL, BANK, atc.		- P &:	7
	11. Total time (years)) Julies	
year)	occupation	Other Cantributery Course of importance:	
PLACE (city or town)		Other Controllery Courses of Importance.	
11.1	1		
AME John On	luf		
1 / 2	0.4.4.6.4.4	Neme of operation	te of
4.	President		are en eutopsy?
	(MVIVI		
(State or country)	Vann demy		
	apalsisti .	(Specify city or town, county a Specify whether injury occurred in INDUSTRY, In HOME, or In PUBL	nd State) LIC PLACE.
	O)4	Manner of Injury	
ce County Non	u Data / May 31, 1930	Nature of Injury	
100	20, 7	24. Was disaasa or injury in any way related to occupation of decaas	ad? No
ddrass) See ar	Mo	/ If so, spacify	
THE COLUMN THE PARTY OF THE PAR	ACE OF DEATH Dunty	ACE OF DEATH Dunty	Registration Dist. No. Registration of survive in NAME in Name of specific parts. Registration of survive in NAME in Name of specific parts. Registration of survive in Name Registration of survive in NAME in Name of Security of two of Security of S

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Date of onset	mi : total seems of death and other a	
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
i d		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

PHYSICIANS should state

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

05527

1. PLACE OF DEATH	(131)
County Speland Co	Registration Dist. No.
Village or City Street	No. St., Wal
Langth of rasidenca in city or town whera daath occurredyrsn	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Christina Pegelow	
(a) Residence: No. Street Unit (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If married, widowed, or divorced HUGBAND of (or) WIFE of George Pegolow	22. I HEREBY CERTIFY. That I attended decaasad from May 1, 19.35, to May 31, 19.3.
6. DATE OF BIRTH (month, day, and year) atug. 3,1857	I last saw h. aliva on May 3/,1935; death is si
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
77 9 28 1 day,hi	
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	G The CF
9 Industry or business in which work was done, as SILK MILL,	Deskare myno 441
SAW MILL, BANK, etc	Chronic Bright's diseases Duration: six
10. Pate dacased last worked at this occupation (month and year) spent in this occupation occupation	months o enter
12. BIRTHPLACE (city or town) Bollo (State or country)	Other Contributory Causes of importance:
13. NAME tales Nonelman	
14. BIRTHPLACE (city or town)	Nama of operation Date of What test confirmed diagnosis? Remarks Was there an autopsy?
15. MAIOEN NAME Muknown	23. If death was due to externat causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Walter Regelow	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dale June 3, 193	Mannar of Injury
19. UNDERTAKER Ju Cook (Addrass) 12.17 St Paul St.	24. Was disease or injury in any way related to occupation of deceased? 120
20. FILED May 91, 1935 ME Rich and son	(Signad) I weet Harlord Colemn

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Example I	311.	Example II	1 95
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W 1 1000	Other contributory causes of importance:	
Gausiones	May 1,1923	Gastroenteritis	1 year

	RECORD. EV	. PHYSICI	Exact statem	
BINDING	PERMANENT	d EXACTLY	rly classified.	
FOR	S IS A	state	prope	3:7
ARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. EV	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem	TOTAL STATE OF THE
V. S. Worl	N. B. WRITE	mation s	CAUSE	THOM !

1. PL/	CE OF DEA	TH			(210 m)
Co	nty Ha	fore	L -		Registration Dist. No. 103
Vil	ige or City	Laure a	en Lea	e, ma	, ND. Have de Trace Haspiels
Lon	dh of ancidonas In .	14		(1)	death occurred in a hospital or institution, give its NAME instead of street and number
	th of residence In (R cown where	D A	yrs,mos	.36 ds. How long in U.S. if of foreign birth?yrsmos
2. FU	L NAME	brook	a Mober	asow.	
(a)	Residence: No	aberd	(Usual place	ma,	St., Ward.
PE	RSONAL AI	ND STATIST	ICAL PARTI		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX		OR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
Fam	el. le	-l. 't	OR DIVORCE	D (write the word)	may 16 193
5a. If marr	d, widowed, or div	orced	1 den	gee	(Day)
HUSB	ND of IFE of	The same			22. I HEREBY CERTIFY, That I ettended decea
			۲,		april 9 1935, 10 May 164
	BIRTH (month, da	7,	oct . 27	1908	Hest saw have elive on May 16 1, 1935; dee
7. AGE	Years	Months	Deys	If LESS than 1 day,hrs.	to have occurred on the date stated above, at \$145 1.m.
26	*	1 7	11	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
N 8. Tr	de, profession, or p kind of work done SAWYER, BDOKKE	erticular , as SPINNER,	Com it	17:01	W DO THE
	setry or husinges i	n which		0	allo Caglin Oslen
an	work was done, as SAW MILL, BANK,	SILK MILL. T-	oloma	P Luce	+ Hamona
0 10: Da	e deceased last wo	rked et	11. Total ti	me (years)	
0	this occupation (mo year) - (mo	19-19	St. occu	nt in this Jegs	
12. BIRTHI	LACE (city or town	Lale	+ , Va	. 10	Other Contributory Canses of Importance:
	te or country)				Tadery 1) Houll by
13. NA	AE Wee	liam	I. Nal	inami 8	Kerela + Horach
13. NA 14. BIF	THPLACE (city or t	own) Clar	ear . To	a	Neme of operation Computer 7 William Date of 5
	(State or country)	8	, , , , , , , , , , , , , , , , , , , ,		What test confirmed diagnosis? Clude Was there an autops
15. MA	DEN NAME 2	noud	Edward	le	23. If death wes due to external rayses (VIOL ENCE) fill In elso the following:
15. MA	THPLACE (city or t	own) L	lak.	Ja.	Accident, suicide, or homicidelle College of injury
Σ	(State or country)				Where did injury occur? New about
17. INFORM	ANT Mrs. 7	allian	Delga	K	(Specify city or town, county and State) Specify whether injury of current in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Ad	ress)	alustu	n mil		when Hickury
	CREMATION, OR	REMOVAL	m.	112 -	Manner of injury Clubs Cea D
Ple	salas		Date.	17 ,1936	Nature of Injury
19. UNDER	AKER ALLY	ry Jan	I pour	ms	24. Wes disease or injury in eny wey releted to occupation of deceased? 20
(Ad	ress)	afred	in men		If so, specify
20. FILED	lay 17	19 6 las	les X-dal	May 73. W.	(Signed) T. D. Xleine
	1		77	Registrar.	(Address) Z

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Example I		Example II	N. Carlot
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
------------	-------	-----	----------------	------------	---------------	-----------

-		
A	1	
A.	1	1
	A	1

PHYSICIANS should state JORD. Every item of infor-Exact statement of OCCUPA-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be

ARGIN RESERVED FOR BINDING

certificate. See instructions on back of mation should be carefully supplied. TION is very important.

1. PLACE OF DEATH	
County Harford	Registration Dist. No. 184
Village or City Harre de Brace	No. Nalpilal St., Ward
	death occurred in a hospite or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
16	
2. FULL NAME / CURRELL SURE	Ol. 1. Pa
(a) Residence: No. /V / 6 U. Jack A. (Usas) place of abode)	St., Ward Ward If nonresideot give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male white OR DIVORCED (write the word)	May 4, 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Sarothy Rule	22. HEREBY CERTIFY, That I ettended deceased from
1.1910.0	May 2 , 1935, to May 4 , 1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LEGS than	I last saw h Last alive on
1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Buchused skull with
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, elc.	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) I Market	Fractive left lig
(State or country)	/
14. BIRTHPLACE (city or town) - Ohla Selphia	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Lula fulfilla	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Alexand Date of Injury Alexand, 19.35
16 2000 de Marco 11 0+0	Where did injury occur? Pelimetra Wandeun to found of (Specify city or town, county and State)
17. INFORMANT Ocole de Andre Argueral (Address) Agree de Lagree Magueral	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury aufo accedent
Piece Philadelphia Date May \$ 8,1935	Nature of injury — an abase.
Receivation Drom	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER Action of the (Address) Reave de have mid	If so, specify
10 rue may 5 , 35 les 1 1 90 m	(Signed) Francy Walbert HWW, M.D.
20. FILED X1 200 3, 19 30 Marles & Cay 14.	(Address) Hause de frage
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example	T .	de demograment des .	Example II	
The principal cause of death and of importance were as follows: Arteriosclerosis	related eaus	es Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	A O	July 5,1927	Peritonitis	3 days ago
Other contributory causes of imp	ormonee:	24	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

state infor-OCCUPA 1. PLACE OF DEAT plnods Jo County O Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? statement ORD. If nonresident give city or towa and State (Usual place of Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR-DIVORCED (write the word) PERMANENT CIL (Day) classified. FOR BINDING 5a. If married, widowed, or divorced HUSBAND of ERTIEY. Thet i attended deceased from (or) WIFE of E certificate. 6. DATE OF BIRTH (month, day, and year) properly If LESS than 7. AGE Yaars Months Davs to have occurred on the date stated above. 1 day,- hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance IS min. Trada, profassion, or particular THIS ARGIN RESERVED OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc may 9. Industry or business in which should work was dona, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at no 11. Totel time (vaers) this occupation (month and spent in this that AGE occupation _____ instructions UNFADING 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms. FATHER See 14. BIRTHPLACE (city or town) (State or country) should be carefully What test confirmed diagnosis? MOTHER important. i. 23. If death was due to external causas (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) DEATH (State or country Whera did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE very OF 18. BURIAL, OREMATION Mennar of injury CAUSE mation TION Nature of injury 19. UNDERTAKE (Address) If so, spacify (Signad) 20, FILED May 2 Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Yaar)

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Addrass)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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VRITE PL

1. PLACE OF DEATH				CERTIFICATE OF DEATH ()5	001
County HAR	FOR	O		Registration Dist. No. 18 C)
Village or City EDG	EWOO.	D BRS	ENAL (II	No. St., death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. it of toreign birth?	War
2. FULL NAME (a) Residence: No.			TTIE ,	. /	
PERSONAL AND	STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF		S. SINGLE, MARI OR DIVORCEI	RtED, WtDOWED, O (write the word)	21. DATE OF DEATH (Month) (Day)	193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of R. JAMI	ESSTE	WART		22. I HEREBY CERTIFY. That I attended of Feb. (6 ,19.35, to May 24	1936
6. DATE OF BtRTH (month, day, and			1863	I last saw half alive on may 24 1, 19 35	; death is sai
7. AGE Years	Months Z 7	Days 25	It LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1230 fr.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particu kind of work done, as S SAWYER, BOOKKEEPER, 9. Industry or business in whi work was done, as SILK SAW MILL, BANK, etc	PINNER, etc			Far Advanced Pulmonary Tuberculosis	ys2
t 0. Deto deceased last worked this occupation (month e yeer)	et nd	1t. Totel ti spen occu	me (years) It in this pation	Other Contributory Couses of importance:	
12. BtRTHPLACE (city or town) BB (State or country)	LLSTON	SPA, N	/.Y	cyptitio, tile revious	several
t3. NAME HIR.	AMF	FORD			
13. NAME HIR. 14. BIRTHPLACE (city or town) (State or country)	BALLS	TON SP N.Y	'A	Name of operation Date of What test confirmed diagnosis? * Clinical Was there an ai	utansy? No
15. MAIDEN NAME MAR	Y ANN	VTRIP	PE	23. If death was due to external causes (VIOL ENCE) fill in also the tollowing:	
15. MAIDEN NAME AR 16. BIRTHPLACE (city or town) - (State or country)	BALLS	TON S.	PA	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT ROBERS (Address) EDGEN				(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMO	VAL		7 ,1955	Manner of Injury	
t9. UNDERTAKER Houses (Addiess)	wek!	melec	T-	24. Was disease or injury In any way related to occupation of decessed?	no
30. FILED 24 26 , 193			01	(Signed) ned Ottodous	М. С

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis C	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA:
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TE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	n should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
JRD. Every	HYSICIANS	t statement	1
ENT REC	TLY. PI	ied. Exact	
A PERMAN	ed EXAC	erly classif	ficate.
IIS IS	be state	be prop	of certif
INK-TE	plnods	t it may	on back
ADING	ed. AGE	is, so that	tructions
ITH UNF	lly suppli	plain term	See inst
INLY, W.	be carefu	EATH in	is very important. See instructions on back of certificate.
TE PLA	pluods n	SE OF D	is very

STATE OF MARYLAND—CERTIFICATE	OF	DEATH	05532
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1. PLACE OF, DEATH	
County Har core	Registration Dist. No.
a post-security records to the first of the control	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No.	st., Ward. Richmond, Va.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single Si	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. Or min. 8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Relia: Chent	I last saw h aliva on, 19; death is said to have occurred on the data stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows: Oate of pnaet Oate of pnaet
Description of the state of th	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) sandasum (Steb or country)	
14. BIRTHPLACE (city or town) sandaeum (State or country)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Israhasours (Stata or country) 17. INFORMANT Sharry Tasang (Address) Cludge A and land	What test confirmed diagnosis? Was there an au'opsy? No. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident Data of Injury 5/18, 1935 Where did injury occur? Chesh Coke Bay (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place From Grand Date 25, 1935	Manner of Injury Cahs12ed Boat Nature of Injury Drowning
19. UNDERTAKER A formy Hone (Address) Africant Just 20. FILED May 75, 1935 Of Michael Registrar.	24. Was disease or Injury in any way related to occupation of decaased? If so, specify (Signed) FAGURE FARMENT MESON (Address) Alumbur Meson (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Ti.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

E OF MARYLAND—CERT	IFICATE OF DEATH	05533
rford o	Registration Dist. No.	185.

1. PLACE OF (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? Langth of residence in city or town where death occurred mos. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) CERTIFY. That I attended deceasad from If LESS than to have occurred on the date stated above, at-1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importence or____min. Date of onset 11. Total tima (years) spent in this occupation _____ Othar Contributory Causes of importance 23. If daeth was due to axtarnal ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Where did injury occur?___ (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mannar of injury Nature of injury. If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
HREC.	1 1 pm	5	1 1/1/1-
Other contributory causes of importance:	5 1995	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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0	at	PA.				
4	#	2	- 1	1.	PL	40

ORD. Every item of in Exact statement of OCCU PHYSICIANS should IS A PERMANENT RE stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ALY, WITH UNFADING INK-THIS mation should be carefully supplied. AGE should be B.—WRITE PLA

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05534
1. PLACE OF DEATH	47:0)
County Langera	Registration Dist. No. 183
Village or City Lavre de Grace	ND. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tolingwastoires	
(a) Residence: No. 173 Ene	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male while merried,	(Month) (Day) (Year)
HUSBAND of	
(or) WIFE of Katherine washoweld	22. I HEREBY CERTIFY, That I ettended decessed from
DATE OF BIRTH (month, day, and year) June-4-1883,	Viest saw h reservative on / 2224 7 19 33 death is sale
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2/30m.
51/ // / 1 day,hrs.	
Trade profession or particular	Pringary Cardinoma of Laryny Could Date of onset
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	Taxing Throat
kind of work done, es SPINNER, SAWYER, BODKKEFPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Variana Doration:
10. Date deceased last worked at 11. Total time (years)	- Que monthe
this occupation (month and spent in this occupation occupation	Jeres.
	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	
13. NAME LUMENTUM - 14. BIRTHPLACE (city or town)	(achiva :
(4)	Name of operation Manual section Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diegnosis? Determine Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Where did Injury occur?
7. INFORMANT nurs. Kutterne waskone	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Planede Trake 1 rud	
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Qui Courte Dete Dete 193 V	Neture of injury
9. UNDERTAKER feweriston of the	24. Was disease or injury In any way releted to occupation of deceased?
(Address) Lave de Lale, rud;	If so, specify
0. FILED Thay 15 , 1935 Charles & Faley, m. D	(Signed) harly folly M. D
Registrar,	(Address) James and Siace Hed

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year.

A. A.	STATE OF MARYLAND	CERTIFICATE OF DEATH
state UPA.	1. PLACE OF DEATH	(23)
ould	County Markort	-Registration Dist. No. 185
-6	Village or City Nusbee de Bras	eu No. Starkelal St. Ward
0	(If Langth of residence in city or town where deeth occurredyrs,/_mos.	death occurred in a hospital or distitution, give its NAME instead of street and number) ds. How long In J. S. if of foreign birth?
AN	En	ds. How long In D. S. if of foreign birth?mosds.
YSICIANS	2. FULL NAME COULTY, WILL	alles Cutale de l'in me
PHYSICIANS act statement	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH TO
× .	Male Colored OR DIVORCED (write the word)	(Month) (Day) (Year)
fled	5a. If married, widowed, or divorced HUSBAND of	
X A C T l	(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from March 14, 1931, to May 16, 1931
	6. DATE OF BIRTH (month, day, and year) By 25 1915	I last saw h MM elive on That 16 1, 19 5 %; deeth is seid
arly cate	7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 10 a.m.
stated E properly certificate	19 8 2/ 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as fellows:
	8. Trede, profession, or perticular	Date of onset
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. January	1 Julmonary Myrology
may back	9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc	<u> </u>
shoul t it ma on bac	U 10. Date decaesed last worked at 11. Total time (years)	
[T] +	this occupation (month end spent in this occupation	
	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
d. s, so ructi	(State or country) Maryland	
instru	13. NAME John Walliams	
= -	14. BIRTHPLACE (city or town)	Neme of operation Date of
02	(State of Egantry)	What test confirmed diagnosis? Was there en autopsy?
carefully H in pla ortant.	15. MAIDEN NAME UNKnawn	23. If death was due to external causes (VIOLENCE) fill In elso the following:
be careful EATH in p important.	[16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?, Date of Injury, 19
ld be cal DEATH y import	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT John Millians	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
Should OF D	(Address) (BLL ULL 18. BURIAL, CREMATION, OR REMOVAL) (1.1. M.)	
E - E	Place Clarks Charles Date May 19,935	Manner of injury
mation CAUSI TION	Add Pailed	Nature of injury
CA	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to decupation of deceased?
_	0 11/10/11	(Signed) M. D.
(T)	20. FILED May 16,1933 May J. Goley.	(Address)
		2455 N. Charles Street Baltimore Pequesting 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
UN 5 1835				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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efully supplied.	in plain terms, so	int. See instruct
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d be carefully supplied.	DEATH in plain terms, so	moortant. See instruct
should be carefully supplied.	OF DEATH in plain terms, so	very important. See instruct
ion should be carefully supplied.	ISE OF DEATH in plain terms, so	TION is very important. See instructions on hack of certificate.
	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

1. PLACE OF, DEATH	-CERTIFICATE OF DEATH 05536
County Harford	Registration Dist. No. 184
Village or City & arlingtos	No. St. Ward
Length of rasidence in city or town where death occurred D yes	Il death occurred in a hospital or institution, give its NAME instead of street and number) isds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME O' Sulfur the	
(a) Residence: No. (Usual place of abode)	St., Ward. Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX COLOR OF RACE S. STWOLE, MARRIED, WHOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MOS 4, 1935 (Month) (Day) (Year)
is If married, widowed, or worsed HUSBAND of Carl brief Cusic R. Milson	22. Gli HEREBY CERTIFY, That I ettended deceased from
DATE OF BIRTH (month, day, and year) Jan. 9. 1867	1 Jest saw ham alive on may 4 1935; death is said
AGE Years Months Days If LESS then	to have occurred on the data stalad above, at 173 Am.
68 3 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Treda, profession, or particular kind of work done, as SPINNER, Acres Collection SAWYER, BDDKKEEPER, etc.	Car myocardilis 1931
ondustry or business in which work was done, as SILK MILL,	//
SAW MILL, BANK, etc	
this occupation (month and 1935) spent in this any occupation	2
2. BIRTHPLACE (city or town) Darlington	Other Contributory Causes of importance:
(State or country) Harford Con md	Lobar Gueumonia 4-1-1:
13. NAME to avid E, Stilson	
14. BIRTHPLACE (city or town) Harford	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State of country)	23. If daath was due to external causas (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT / We We William My (Address) Darlington Mg	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Darlington Data May 6, 1936	Manner of Injury
19. UNDERTAKER A.S. Bailey (Address) Darlington M.d.	24. Wes disease or injury in eny way related to occupation of deceased? No
20. FILED May 5, 1935 M. Ch. Kirk	(Signad) 16. Kallion M. D. (Addrass) Larling ton - had.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ARGIN RESERVED FOR BINDING

WEITE PL

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH

05527

STATE OF MARTLAND	CERTIFICATE OF DEATH	10006
1. PLACE OF DEATH	(0)	-(1
County X Y OV A D	Registration Dist. No. / Ø	
Village or City Oh arlungton	No. St.,	Ward
Length of residence in city of town where deeth occurred 30 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foraign birth?	
2. FULL NAME OUT CROWN	thison	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	l State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR-DIVORCED (write tha word)	21. DATE OF DEATH May 16	, 193 5
5a. If married, widowed or divorced	(Month) (Day)	(Year)
HUSBAND-OF (or) WIFE of (cr) WI	May 10 1935 to May 16	deceased from
6. DATE OF BIRTH (month, day, and years / 1876	I last saw hter alive on May 16 + 1925	-; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at	
6 8 4 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, Howketper, atc.		
Industry or business in which work was done as SILK MILL	Lobar Oneumonia	3-7-35
work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years) U t	7	
10. Date deceased last worked et 11. Total time (years) spant in this year) cocupation (month and 193.5	Ohr Carbibba Carretti investore	
12. BIRTHPLACE (city of town) Starfund Co	Other Contributory Causes of importance:	
(State or country)	If teerist	5-10-35
13. NAME IM Se Profustr	7	
13. NAME 14. BIRTHPLACE (city or town) 14. Color or country 15. Color or country	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME / Putter	23. If death wes due to external causes (VIOL ENCE) fill in also the following	g:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. Stello or country)	Accidant, suicida, or homicide? Date of injury	, 19
(State or country)	Whera did injury occur? (Specify city or town, county and Sta	(4)
17. INFORMANT WALLAND BOURT	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Worl	
Place / Alling Low Dete 1104 10, 1935	Nature of injury	
19. UNDERTAKER A Balley (Address) Sallinator And	24. Was disease or Injury In any way related to occupation of decaased?	10
maly alm on Lin	(Signad) TE Sallion	M. D.
20. FILED // Registrar.	(Address) (arlington)	

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